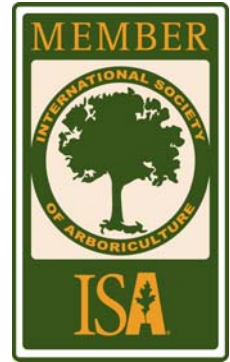




International Society of Arboriculture Certification Program

Certified Arborist Scholarship Application



The ISA Certification Program is pleased to offer a scholarship opportunity for those willing to share the knowledge with the public and other interested professionals.

ISA, in cooperation with the USDA Forest Service Department of Urban and Community Forestry, will cover the cost of the exam, ISA and Chapter membership, the study guide and a local or regional training workshop. In return, the scholarship recipient will provide 80 volunteer hours in their community, over a two year period, to help educate the public and community leaders on proper tree care practices.

Any arborist working for a private tree company, a tree company contracting with any government entity, or the municipality is eligible. You must meet the necessary experience requirement to become a certified arborist in order to apply for the scholarship.

The scholarship recipient will determine potential volunteer opportunities in their communities and then will review them with the State Urban Forest Coordinators for input and suggestions.

To apply for this scholarship you must submit the following information:

- 1. A completed ISA Certified Arborist application.**
- 2. Two letters of recommendation.**
- 3. A resume.**
- 4. Answers to the questions shown below.**

Please answer the following questions in the space provided:

- 1. Why do you want to be an ISA Certified Arborist?**
- 2. How will attending a workshop and successfully passing the exam benefit you in your job and your community?**
- 3. How will the use of this knowledge benefit your state's urban and community forests?**

4. What methods and types of workshops will you use to educate your community about proper tree care?

5. Which communities do you plan to assist with your volunteer hours?

I agree that the information given above is correct and I will comply with the terms of the scholarship application.

Name: _____ Date: _____

Application Reviewed by Sate Urban Forest Coordinator:

Name: _____ Date: _____

Application Reviewed ISA Chapter Certification Liaison:

Name: _____ Date: _____

Application Approved by ISA Director of Certification:

Name: _____ Date: _____